

**Regional School District #18
Lyme-Old Lyme Schools**

TUITION PRE-PAYMENT REQUEST

Employee Name: _____

I am interested in pursuing a: Degree Certification Other: _____

Program/Course of Interest: _____

Start Date: _____ Estimated End Date: _____

Name of College/University: _____

Applicant's Signature: _____ Date: _____

For Career Incentive Committee Only

Tuition Pre-Payment Request: Approved Denied

Note(s): _____

_____ Date: _____

(Career Incentive Coordinator)